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Simple and Easy: Winning in PDPM Payment and Regulatory Strategies

Time for a Check Up: Interviewing & Data Reporting Techniques



Six Key Admission Interviews

One of the keys to success with PDPM is information recorded in the MDS captured during multiple assessments that are designed to guide care planning, outcome documentation, compliance and reimbursement levels. A vital part of the admission assessment process is the concept of Resident Voice, gathered using six interviews that create multiple data sets.

- 1. Brief Interview for Mental Status (BIMS)**
- 2. Mood Interview**
- 3. Preferences for Customary Routine and Activities**
- 4. Functional Rehabilitation Potential**
- 5. Pain Assessment Interview Section**
- 6. Resident's Overall Expectation and Return to the Community**

Each interview, conducted by nursing home staff, has a specific structure and facilities are responsible for ensuring that all participants in the assessment process have the requisite knowledge to complete them – no staff should conduct interviews without training.

CMS is very specific in how these interviews should be conducted, scored and documented, and it is important to follow the detailed steps outlined in the RAI manual. Here is a brief overview of what's required for each.

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Six Key Admission Interviews

1. BIMS Interview

Most residents are able to attempt the BIMS, a brief screening tool that can detect cognitive impairment. There are three parts to a BIMS interview: repetition of three words, temporal orientation (Year, Month, Day), and recall. A structured cognitive interview is more accurate and reliable than observation alone, and without it, a resident might be mislabeled based on his or her appearance or assumed diagnosis. Structured interviews provide insight into the resident's current condition and assist in identifying needed support. A diagnosis of dementia should only be made after a more in-depth assessment. It's important to remember that the BIMS score can contribute to PDPM payment and documentation of the interview in the medical record is very important.

2. MOOD Interview

It's important to identify mood distress, a frequently misdiagnosed but serious condition associated with significant morbidity, because these symptoms can be treatable. Conducted during the admission assessment, the nine-item questionnaire in the MOOD interview screens for symptoms of depression and provides a standardized mood severity score, . This interview looks for both symptom presence and frequency. If a resident is unable to complete it, insights may be gained from the responses that were obtained and a staff assessment of mood should be conducted. A mood severity score of 10 points or higher contributes to Part A Medicare payment and must be carefully documented in the medical record.

3. Preferences for Customary Routine and Activities Interview

Quality of life can be greatly enhanced when care and activities respect the resident's choices, cultural background, and what is important to them. This interview has two parts: a resident's preferences for daily routine conducted by nursing staff; and activities preferences conducted by activities staff. The results are used to create both a person-centered care plan and activity plan. Obtaining information about preferences directly from the resident and weaving their feedback into the care plan is the most reliable and accurate approach. However, if a resident cannot communicate a family member may be able to provide information.

4. Functional Rehabilitation Potential Interview

Conducted only upon admission, this interview helps establish a resident's ability and sense of independence, which are important to feelings of self-worth and health status. A resident's belief that they have the capacity for greater independence and involvement in self-care in at least some ADL areas is an important clue to assist in setting goals. If they are already highly independent, the resident or staff may believe the resident can gain even more independence. Disagreement between staff beliefs and resident beliefs should be explored. It is important to listen and record what the resident believes, even if it appears unrealistic.

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5. Pain Assessment Interview

The effects of pain are far-ranging: functional decline, quality of life, depression, diminished self-confidence and self-esteem, and an increase in behavior problems. Directly asking the resident and conducting a proper interview is essential to establish a basis and develop treatment. It can also provide insight into the timing of pain interventions to better cover sleep or preferred activities. Interviewers should review the resident's documented pain experience over the past five days, and be aware of any interventions in place. Residents may answer using a numeric scale as well as a verbal descriptor.

6. Resident's Overall Expectation and Return to the Community

It's important to have an open and honest conversation with the resident about their general expectations of their stay and their goals. This interview helps identify both and assists in planning supports for a return to the community. It should focus on exploring the resident's expectations, not whether or not the staff considers them to be realistic. It is essential to document the resident's stated goals and interviewers should be careful not to guess or infer based on an advance directive. If a resident is unable to communicate preference, family or significant other can be consulted, as designated by the resident.

These six resident interviews are crucial to not only to establish the best plan of care, but to reduce payment loss and regulatory risk. All six must be attempted, documented, and attested. Regardless of which interview you're conducting, there are scripted questions and guidelines to help. All interviewers should have the appropriate reference pages from the current RAI Manual, and should carefully document the interview in the medical record. **More detail can be found in our Interviewing & Data Reporting Techniques <http://bit.ly/illuminate-PDPM-Interviewing-and-Data-Reporting-Techniques-Flyer>**